AUQ.131

AUDIOMETRY – AUQ (NEW TARGET) Target Group: SPs 1+

Which statement best describes	{your/SP's} hearing	g (without a hearing aid)?	Would you say {your/his/her

Which statement best describes {your/SP's} hearing (without a hearing aid)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

EXCELLENT	1
GOOD	2
A LITTLE TROUBLE	3
MODERATE HEARING TROUBLE	4
A LOT OF TROUBLE	5
DEAF	6
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM AUQ.135:

IF SP AGE >= 12 AND AGE <= 19, GO TO AUQ.136. OTHERWISE, CONTINUE.

These next questions are about {your/SP's} hearing.

BOX 2

IF AGE 70+, GO TO AUQ.141. OTHERWISE, GO TO END OF SECTION.

AUQ.136 {Have you/Has SP} ever had 3 or more ear infections?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

AUQ.138 {Have you/Has SP} ever had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SP AUQ 1

AUQ.141	When was the last time {you had/SP had} {your/his/her} hearing tested?			
	READ CATEGORIES IF NEC	ESSARY		
		LESS THAN A YEAR AGO	1	
		1 YEAR TO 4 YEARS AGO	2	
		5 TO 9 YEARS AGO	3	
		TEN OR MORE YEARS AGO	4	
		NEVER		
			7	
		DON'T KNOW	9	
AUQ.150	{Have you/Has SP} ever worn a hearing aid?			
		YES	1	
		NO		
		REFUSED	7 (AUQ.185)	
		DON'T KNOW	9 (AUQ.185)	
AUQ.171	In the past 12 months, {have	you/has SP} worn a hearing aid at least 5 hou YES	1 2 7	
AUQ.185	{Have you/Has SP} ever used assistive listening devices (ALDs), such as FM systems, closed-captioned television, or amplified telephone (or relay services)?			
		YES	1	
		NO	2	
		REFUSED	7	
		DON'T KNOW	9	
AUQ.191	In the past 12 months , {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head that lasts for 5 minutes or more ?			
		YES	1	
		NO	2 (AUQ.211)	
		REFUSED	7 (AUQ.211)	
		DON'T KNOW	9 (AUQ.211)	
		2011 141011	5 (110 Q.Z.11)	

SP_AUQ 2

AUQ.250	head?			
	READ CATEGORIES IF	NECESSARY		
		LESS THAN THREE MONTHS	1	
		THREE MONTHS TO A YEAR		
		1 TO 4 YEARS		
		5 TO 9 YEARS		
		TEN OR MORE YEARS		
		REFUSED		
		DON'T KNOW		
AUQ.260	{Are you/Is SP} bothered by ringing, roaring, or buzzing in {your/his/her} ears or head only after listening to loud sounds or loud music?			
		YES	1	
		NO		
		REFUSED	7	
		DON'T KNOW		
AUQ.270	{Are you/Is SP} bothered	by ringing, roaring, or buzzing in {your/his/her} ear	rs or head when going to sleep?	
		YES		
		NO		
		REFUSED		
		DON'T KNOW	9	
AUQ.280	How much of a problem is this ringing, roaring, or buzzing in {your/his/her} ears or head?			
		No problem	1	
		A small problem	2	
		A moderate problem	3	
		A big problem	4	
		A very big problem	5	
		REFUSED	7	
		DON'T KNOW	9	
AUQ.211	{Have you/Has SP} ever	used firearms for target shooting, hunting, or for an	y other purposes?	
		YES	1	
		NO	2	
		REFUSED		
		DON'T KNOW		
		2 311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

SP_AUQ 3

		VEO		
		YES		
		NO	··· =	
		REFUSED		
		DON'T KNOW	9	
AUQ.231	Outside of a job, {ha	ve you/has SP} ever been exposed to steady loud n	noise or music for 5 or more hours	
		e so loud that {you have/s/he has} to raise {your/his/tools, lawn mowers, farm machinery, cars, trucks, mo		
		VEO		
		YES	•••	
		NO		
		REFUSED DON'T KNOW		
AUQ.241	How often (do you/d		•	
AUQ.241	How often {do you/does SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to loud sounds or noise? (Include both job and off work exposures.)			
		Most of the time	1	
		Sometimes	2	
		Rarely/seldom	3	
		Never	4	
		REFUSED	7	
		DON'T KNOW	9	

SP_AUQ 4